Pregnancy Termination

Progressive Case Conference 1

Trainee Guide

Contributors

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Pre-assessment learning

Before you attend the didactics on this module, please review some of the following literature on the intersection of psychiatry and pregnancy termination:

Informed Consent and Shared Decision Making in Obstetrics and Gynecology: ACOG Committee Opinion, Number 819. Obstet Gynecol. 2021 Feb 1;137(2):e34-e41. doi: 10.1097/AOG.0000000000004247. PMID: 33481530.

American Medical Association. Informed Consent. Code of Medical Ethics Opinion 2.1.1. [Internet] Available from: https://www.ama-assn.org/delivering-care/ethics/informed-consent. Accessed September 17, 2023

Appelbaum PS, Grisso T. Assessing patients' capacities to consent to treatment. N Engl J Med. 1988 Dec 22;319(25):1635-8. doi: 10.1056/NEJM198812223192504. Erratum in: N Engl J Med 1989 Mar 16;320(11):748. PMID: 3200278.

Hatters Friedman S, Landess J, Ross N, Kaempf A. Evolving Abortion Law and Forensic Psychiatry. J Am Acad Psychiatry Law. 2022 Dec;50(4):494-501. doi: 10.29158/JAAPL.220076-22. PMID: 36535784.

Ross NE, Webster TG, Tastenhoye CA, Hauspurg AK, Foust JE, Gopalan PR, Hatters Friedman S. Reproductive Decision-Making Capacity in Women With Psychiatric Illness: A Systematic Review. J Acad Consult Liaison Psychiatry. 2022 Jan-Feb;63(1):61-70. doi: 10.1016/j.jaclp.2021.08.007. Epub 2021 Aug 27. PMID: 34461294; PMCID: PMC8792197.

Optional supplemental reading

Brody BD, Chaudhry SK, Penzner JB, Meltzer EC, Dubin M. A Woman With Major Depression With Psychotic Features Requesting a Termination of Pregnancy. Am J Psychiatry. 2016 Jan;173(1):12-5. doi: 10.1176/appi.ajp.2015.15030380. PMID: 26725341.

Makino KK, Hatters Friedman S, Amin J, Zhao L. Emergency contraception for psychiatric patients. *Current Psychiatry*. 2022 November;21(11):34-39,44-45 | doi: 10.12788/cp.0300

Zalpuri I, Byatt N, Gramann SB, Dresner N, Brendel R. Decisional capacity in pregnancy: a complex case of pregnancy termination. Psychosomatics. 2015 May-Jun;56(3):292-7. doi: 10.1016/j.psym.2014.09.009. Epub 2014 Oct 2. PMID: 25591494; PMCID: PMC4400254.

Overview

The goal of this module is to utilize a clinical case presentation to solidify the learner's knowledge of critical issues surrounding pregnancy termination and mental health. This session is not intended to be a debate about abortion. This session is designed to last 50 minutes but can be modified for a longer or shorter session. The session is best used for psychiatry residents who have some clinical experience with pregnant patients. Prior to the session, residents should complete the required pre-reading for this module.

Learning objectives

At the completion of this session, participants will be able to:

1. Understand how to evaluate medical decision-making capacity to consent to pregnancy termination as a consulting psychiatrist.
2. Describe kinds of misinformation sometimes provided to patients seeking pregnancy termination.
3. Discuss issues psychiatrists should consider when prescribing emergency contraception (the "morning-after pill.")
4. Discuss medical ethical issues that arise at the interface of religion and abortion care.

Resources required

1. A faculty (or senior resident) facilitator
2. Relevant articles for pre-reading

Session outline

1. Clinical vignette read-aloud: 5 minutes
2. Residents divide into working groups and discuss questions: 10 minutes
3. Facilitator-led large group discussion of questions: 10 minutes
4. Residents divide into working groups and discuss questions: 10 minutes
5. Facilitator-led large group discussion of questions: 10 minutes
6. Debrief and summarize key points from case: 5 minutes

Case presentation: Part 1

Alex is a 29-year-old female with bipolar disorder who presents to the emergency room with her mother for suspected mania. Pregnancy testing reveals she is pregnant with an estimated gestational age of 10 weeks . In your state, elective abortions are allowed until 20 weeks.. Upon learning of the pregnancy, Alex expressed a desire to have an abortion. The OB/GYN team has been consulted, but the team is concerned about her medical decision-making capacity. You are working as a consulting psychiatrist to the emergency department and have been asked to evaluate Alex's medical decision-making capacity to consent to abortion. As you enter the consultation room, Alex greets you loudly. In rapid speech, she quickly recounts all at once how challenging traffic was on the way to clinic, how thoughtful the decorations are, how much she likes the color of your shirt, how shocked she is to learn she is pregnant, and how hopeful she is to be offered an abortion.

Her mother interjects, saying that she is concerned about Alex pursuing an abortion, as she fears she is experiencing mania. She says Alex was hospitalized for a manic episode about a year ago, during which she seemed unusually happy, was particularly talkative, slept only a few hours nightly, and felt she was in direct connection to god. She says, "It's been almost the exact same story this week." Alex rolls her eyes and says she has felt "a little happier than usual," but she attributes this to a job promotion she received in the last month. Her mother also noted that she has

heard that having an abortion might cause more mental health problems, even suicide, and she is worried about how having an abortion might impact Alex's mental health.

Given concern for mania, you start to wonder about Alex's capacity to consent to abortion. The OB team has offered her standard educational materials outlining the risks, benefits, and alternatives to surgical pregnancy termination. You leave Alex and her mother to review the materials and return to your office for a few minutes to think about how to proceed.

Questions for discussion:

1. Does Alex's diagnosis of bipolar disorder prevent her from having the capacity to make a decision about how to manage the pregnancy?
2. What 4 abilities must Alex demonstrate to show she has medical decision-making capacity to consent to having an abortion?
3. How would you respond to Alex's mother's concerns that having an abortion might worsen Alex's mental health?

Case Presentation: Part 2

You return to the consultation room.

Alex shares with you that she would like to proceed with pregnancy termination. She reported that she has had two previous abortions, both for unplanned pregnancies that occurred during periods of mania when she had stopped taking birth control pills and was hypersexual.

She stated she wishes to have an abortion because she feels she will neither have the financial means or enough time to become a mother should she continue with her pregnancy. When asked about her understanding of the procedure and its risks, benefits, and alternatives, she highlights basic steps of the procedure itself and shares that she understands the risks of surgical abortion to include "bleeding, infection, and fetal parts being left behind." She feels the primary benefit would be she would not be forced to raise a child with insufficient means. She also noted that she may never have children because she is considering a career in politics and hopes to be the first female president. She is worried that if the press discovers she has had abortions, it will affect her political career. She believed it would be more detrimental to her reputation and political career, however, if she carried the pregnancy to term and opted for adoption. She understands that proceeding with abortion will result in fetal demise and that not proceeding would result in her pregnancy continuing as it is now. Though she insists she is not manic, she adds that her outpatient psychiatrist has warned her of the psychiatric risks of pregnancy and the postpartum, including exacerbation of her underlying bipolar illness and the risk of postpartum psychosis.

Questions for discussion:

4. Do you feel you have enough information to give an opinion regarding Alex's medical decision-making capacity to consent to an abortion? Why or why not? If not, is there particular information you would like to obtain before concluding?
5. How should the team proceed if Alex does not have medical decision-making capacity due to manic symptoms?
6. Should the assessment of capacity to consent to abortion differ from other capacity evaluations? What factors might complicate the assessment?

7. What interventions might help to ensure Alex does not have unintended pregnancies in the future? Do you think it would be appropriate for Alex's outpatient psychiatrist to prescribe "the morning after pill" if Alex presents to an appointment reporting having had unprotected sex the night before?